

Special Donation of Days to the Sick-Leave Bank

Cumberland County Board of Education
Cumberland County Education Association

•Name: _____
(Last) (First) (Middle)

•Address: _____
(Street) (City, State) (Zip Code)

•Social Security Number: _____

•Home Phone: _____

•School/Department: _____

•Work Phone: _____

Special Donation to the Bank

In accordance with Tennessee Code Annotated Section 49-5-801, any and all sick-leave donations to the bank are nonrefundable and nontransferable. Special donations may be made at any time.

As a certified employee of the Cumberland County Board of Education who is entitled to sick leave under the provisions of Tennessee Code Annotated Section 49-5-710,

I hereby donate _____ day(s), from my personal accumulation of sick-leave, to the Sick-Leave Bank.

Signature

Date

Please return this form to the Central Office.